



3 on 3 Spare Player Waiver

Participant's Name: _____ Birthdate: _____

Age Category: _____ Division: _____

Parent/Guardian Name _____

Phone: _____ Email Address: _____

Address: _____ City _____ Postal Code _____

Medical Information - My child has the following allergies, or pre-existing illness/health concern(s). Please indicate if an Epi-pen and or any other medication are carried by your child:

We would like to be contacted as a spare for other teams (please check 1) YES NO

DATE	TEAM NAME	PAYMENT METHOD

General Waiver & Medical Release

By my signature below, I give permission for my child to participate in all of the activities contemplated by the Bauer 3 on 3 Youth Hockey League and Evraz Place herein including, without limitation, sports, athletic programs, and co-curricular activities. I acknowledge that such participation involves risks and hazards incidental thereto, all of which are expressly assumed and I hereby waive, release, absolve and agree to indemnify and save harmless Bauer, Evraz Place., its governors, employees and agents of and from any and all actions, causes of actions, complaints, demands and claims whatsoever in existence prior to on or after the date hereof whether in law or in equity, in respect of death, injury, loss or damage to person or property howsoever caused, except to the extent that the same are caused directly by the gross negligence of the aforementioned releases.

In the event of illness or an accident while participating in any of the activities contemplated by the Bauer 3 on 3 Hockey League herein, I understand it may be necessary to take my child to a doctor or to a medical facility for treatment. Should this happen to my child, I understand every attempt will be made to find me or contact me at the telephone numbers I have provided. In an emergency or life-threatening

Staff Only

Helmet Sticker *Entered in LeagueStat*

situation, I understand that hospitals or other healthcare providers may be required to provide treatment without my consent. Should a Evraz Place representative be unable to obtain my consent for treatment for any medical condition or accident, by my signature below, I authorize a representative of Evraz Place to act on my behalf by arranging for transportation, by emergency vehicle if necessary, to a hospital or other medical facility. Any doctor, transfer service, or medical facility may rely on this release to administer appropriate treatment or surgery necessary in the opinion of an attending physician. I have read, understand and agree to the above terms and conditions.

I will also give permission for first aid trained and qualified Evraz Place staff members to administer first aid treatment to my child, and acknowledge that I will be responsible for any medical charges in connection with my child's treatment.

Model Release Form for Photography

I, the undersigned, do hereby consent and agree that Evraz Place, its employees, or agents have the right to take photographs, videotape, or digital recordings of me on April 1, 2019, and ending on June 13, 2019 and to use these in any and all media, now or hereafter known. I further consent that my first name or my Child's first name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Evraz Place, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial remuneration for recording or photographing me other than what is provided to me (or my child) on the day of the photo/video capture or recording. I also understand that Evraz Place is not responsible for any expense or liability incurred as a result of my participation in this photography shoot, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am the legal guardian/parent of the child being photographed and have read and understand the foregoing statement, and am competent to execute this agreement.

Other

The Participant assumes all risk of personal injury which may result from participation in the Cooperators Centre League. Be advised that all Cooperators Centre League's require full equipment, including full cage and neck guard.

The Participant is advised to carry additional medical insurance. The Participant certifies that he/she has no known medical condition which would prohibit him/her from participating in the league and the participant agrees that he/she will act in a responsible manner during all league activities.

The Participant agrees to reimburse Evraz Place in full with 5 days of notice for the cost of any property damage for which the player is held responsible by Evraz Place staff. Evraz Place is not responsible for any lost or stolen, damaged or lost articles.

This is to certify that I, above named participant, or parent/guardian with legal responsibility for the participant, do consent and agree to the league release and waiver of liability.

Parent/Guardian Signature

Date

Staff Only
___ *Helmet Sticker* ___ *Entered in LeagueStat*